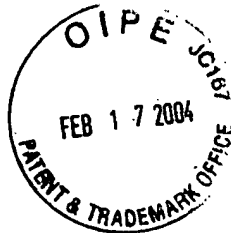


RLOAD.001A



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Donald Richard Marquis
Appl. No. : 10/066,406
Filed : January 31, 2002
For : SHOTGUN SHELL BOX
Examiner : John G. Pickett
Group Art Unit : 3728

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

February 13, 2004

(Date)

Michael H. Tenholm, Reg. No. 37,743

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed August 13, 2003, please amend the above-captioned application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Summary of Interview begins on page 8 of this paper.

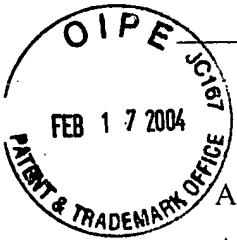
Remarks begin on page 9 of this paper.

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FEB 24 2004
TECHNOLOGY CENTER H3/00

02/23/2004 BABRAHA1 00000040 10066406

01 FC:2253

475.00 OP

**AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Donald Richard Marquis
 App. No. : 10/066,406
 Filed : January 31, 2002
 For : SHOTGUN SHELL BOX
 Examiner : John G. Pickett
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February 13, 2004

(Date)

Michael H. Trenholm, Reg. No. 37,743

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

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FEB 24 2004
TECHNOLOGY CENTER R3700

Transmitted herewith for filing in the above-identified application are the following enclosures:

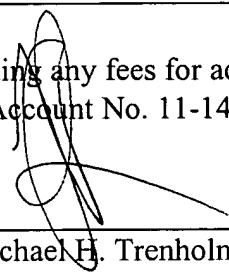
- (X) Response to Office Action in eleven (11) pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

| FEE CALCULATION | | | | |
|------------------------|-------------|-----------------|----------------------|--------------|
| FEE TYPE | | FEE CODE | CALCULATION | TOTAL |
| Total Claims | 35 - 42 = 0 | 2202 (\$9) | 0 x 9 = | \$0 |
| Independent Claims | 2 - 3 = 0 | 2201 (\$43) | 0 x 43 = | \$0 |
| Multiple Claim | | 2203 (\$145) | | \$0 |
| 1 Month Extension | | 2251 (\$55) | | \$0 |
| 2 Month Extension | | 2252 (\$210) | | \$0 |
| 3 Month Extension | | 2253 (\$475) | | \$475 |
| | | | TOTAL FEE DUE | \$475 |

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$475.00 is enclosed.
- (X) Return prepaid postcard.

-
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Michael H. Trenholm
Registration No. 37,743
Attorney of Record
Customer No. 20,995
(909) 781-9231